



**GEORGIA BOARD OF EXAMINERS OF
LICENSED PRACTICAL NURSES**

Post Office Box 13446
Macon, Georgia 31208
(478) 207-2440

www.state.ga.us/plb/lpn

**APPLICATION FOR LICENSURE BY EQUIVALENCY
GENERAL INSTRUCTIONS**

Applicant: It is illegal to practice as a licensed practical nurse in Georgia unless you have an active (current) license issued by this board. The board does not issue temporary licenses or permits.

LICENSURE INFORMATION. In order to be eligible for licensure by EQUIVALENCY You must meet the following requirements:

- ✓ Be at least 18 years of age and in good physical and mental health
- ✓ Be a high school graduate or have a General Education Diploma (GED)
- ✓ Have a degree or diploma from a nursing program
- ✓ Education must be equivalent to the education received from Board approved programs see Rule 400-3-.07
- ✓ Foreign graduates must demonstrate English proficiency by submitting passing scores for any one of the following tests: TOEFL, TSE, or TWE
- ✓ You must not be otherwise disqualified under O.C.G.A. §43-26-40

✓	YOU MUST SUBMIT THE FOLLOWING DOCUMENTS :	
	APPLICATION FEE (nonrefundable)	Please refer to fee schedule for appropriate \$40.00 nonrefundable fee. The nonrefundable fee must accompany each application. Applications received without the fee or with an incorrect fee will be returned without review. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20.
	APPLICATION	Type or print in ink. You must respond to all questions and requests on the application or it will be returned for you to complete. You must use your legal name; nicknames or initials will not be accepted. Include a recent passport-type photograph (head and neck of the applicant only.) Be sure to sign the application and have it notarized.
	TRANSCRIPT CLOCK HOURS EDUCATION VERIFICATION	Applicants must request school officials to submit an <u>OFFICIAL TRANSCRIPT</u> , mailed directly to Georgia Board in a sealed envelope, with school seal affixed. The transcript must indicate actual classroom and clinical contact clock hours, final grades and dates of attendance. Hours completed must be submitted in clock hours. Semester or quarter credit hours are not adequate. <u>A CONTACT CLOCK HOURS FORM</u> should be used. The <u>VERIFICATION OF EDUCATION FORM</u> is also required. Complete this process before you submit your application for licensure.
	TOEFL, TSE OR TWE SCORES	Foreign graduates must submit a copy of your passing score for one of the English proficiency examinations.
	CREDENTIALS EVALUATION	Submit a nursing credentials evaluation. Such evaluation should indicate type of nursing program and level of study and be submitted directly to the board office. This process could take 12 months, please complete this process prior to making application for a license.
	LETTER OF EXPLANATION	If you responded yes to questions 16 through 21 on the Application For Licensure By Equivalency, you must submit a letter of explanation.
	FINAL DISPOSITIONS	If you responded yes to questions 16, 17, 18 or 19 you must submit a copy of the final disposition of the matter.
	OTHER	Submit other information as may be requested.

NCLEX-PN FEES – Once you are approved to sit for the NCLEX-PN examination, you may register. Register and pay your fees at <<http://www.ncsbn.org>>. Within fifteen working days after you register you will receive an approval to test letter from NCSBN. The approval to test letter will allow you to schedule your exam.

ADA ACCOMODATIONS – You may request accommodations by submitting your request on the enclosed form.

RE-EXAM - Please request the re-exam application and NCLEX-PN application from the Board office.

APPLICATION REVIEW - Only a completed application form with all supporting documents and fees will be presented to the Board for evaluation. Generally the processing time is between six (6) and eight (8) weeks after all documentations is received. An application is considered complete when all supporting documents are received.

BOARD MEETINGS - The Board meets every other month beginning in January. The board does not meet in February, April, June, August, October or December. Completed applications and supporting documents should be submitted as least three weeks prior to the Board meeting.

APPLICATION DECISIONS - Decisions of the Board are communicated by letter approximately 15 business days following the Board meeting. The Board's office staff is not authorized to discuss board decisions over the telephone.

APPLICATION STATUS - Follow-up on application status is the responsibility of each applicant. If the requested information is not submitted within 12 months of initial filing date, the application will not receive further consideration by the Board. The applicant must file a new application and pay the appropriate fee.

GRADUATES OF NCLEX JURISDICTION NURSING PROGRAMS – You are encouraged to seek original licensure in the state where you attended nursing school and then apply by endorsement into Georgia, otherwise future licensure into other states will be delayed because you were granted an original license by equivalency.

ADDRESS AND NAME CHANGES: Please notify this office immediately, in writing, of any address and/or name change. Address changes may also be made via the website www.sos.state.ga.us . The post office does not forward mail from the board. All name changes must include a copy of the official document that changes the name. (Social security cards and drivers licenses are not acceptable.)

UNACCEPTABLE PROGRAMS: Holding a LPN license from another state does not guarantee licensure in Georgia. Georgia law does not provide for licensure by challenge or experience. You must have graduated from a nursing program. The Army 91C, 91WM6 or current program 68WM6 are the only acceptable armed forces training for practical nursing. Only NLN accredited correspondence programs are acceptable for practical nursing. Medical Assistants, Medical Techs, and Psychiatric Techs are not eligible for a practical nurse license in Georgia. You are encouraged to consider enrolling in a practical nursing program. A list of approved nursing programs is available at our website: www.sos.state.ga.us/plb/lpn.

CREDENTIAL AGENCIES - The Board will accept credential evaluations from:

Commission on Graduates of Foreign Nursing
School (CGFNS)
3600 Market Street Suite 400
Philadelphia, Pennsylvania 19104-2651
Telephone: (215) 349-8767

Education Credential Evaluators, Inc.
P. O. Box 17495
Milwaukee, Wisconsin 53217-0491
Telephone: (414) 964-0477

Foundation for International Services, Inc.
3123 Eastlake Avenue, East
Seattle, Washington 98102-3875
Telephone: (206) 328-0260

International Consultants of Delaware, Inc.
109 Barksdale Professional Center
Newark, Delaware 19711
Telephone: (302) 737-8715

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA STATE BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES

Post Office Box 13446

Macon, Georgia 31208

(478) 207-2440

www.sos.state.ga.us/plb/lpn

APPLICATION FOR LICENSURE - EQUIVALENCY LICENSED PRACTICAL NURSE

Application Fee: \$40.00 (non-refundable)

Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. § 16-9-20.

SECTION I: PERSONAL INFORMATION

1. **NAME**

LAST

FIRST

MIDDLE

MAIDEN

2. **NAME** as shown on documentation or transcripts

(if different):

LAST

FIRST

MIDDLE

MAIDEN

3. **SOCIAL SECURITY NO.**

DATE OF BIRTH

(THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295, 42 U.S.C.A §§551, 20 & 101)

4. **ADDRESS**

PHYSICAL (HOME) ADDRESS (Post Office Box NOT acceptable)

CITY

STATE

ZIP

If you are granted a license, your name, mailing address and license number become public information. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

5. **ADDRESS**

MAILING ADDRESS (Post Office Box is acceptable)

APT #

CITY

STATE

ZIP

6. **DAYTIME PHONE**

OTHER PHONE

7. _____ I am a U.S. Citizen

8. _____ I am not a U.S. citizen, but I am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States of America (complete page 14 and submit documentation). Applicant must provide verification of qualified alien status; see page 14 for acceptable documents verifying authorization to lawfully be present in the United States.

9. E-Mail Address: _____

APPLICATION FOR LICENSURE BY EQUIVALENCY EXAM

Instructions:

1. Please read the general instructions thoroughly before completing this application.
3. Fully complete this application. Type or print clearly. **Mail to Post Office Box address above.**
4. Enclose all required documents and a nonrefundable application fee of \$40.00. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20. See fee schedule
5. Sign and have the application notarized, a photograph of the applicant must be attached at time of notary.
6. An official of the school of nursing must complete the last page of the application

SECTION II: PROFESSIONAL INFORMATION

10. LOCATION OF HIGH SCHOOL?

City/State

NAME OF HIGH SCHOOL: _____

Did you graduate? ☐ YES, give the date of graduation ____ - ____ - ____
☐ NO circle how many years were completed: 0 1 2 3 4 5 6

If you did not graduate from high school do you have a GED or other high school equivalency certificate?

☐ NO
☐ YES, give date of completion _____

* Note: A copy of High School Diploma, GED, or Certificate may be requested.

11. BASIC NURSING EDUCATION: (Indicate appropriate program)

☐ VN/PN PROGRAM ☐ RN/ADN PROGRAM ☐ FOREIGN PROGRAM
☐ US ARMY 91-C PROGRAM ☐ OTHER (Please specify) _____

*NOTE: Applicant must request school official to complete the Calculation of Clock Hours and Education Verification Forms and submit an official transcript verifying proof that program is equivalent or greater than the requirements in Georgia.

12. NAME OF SCHOOL _____

Address of School

City

State

Zip

Did you graduate? ☐ NO ☐ YES, give date of graduation _____

*NOTE: GA LAW 43-26-36 – Applicant must have graduated from a nursing education program approved by the Board or which meets criteria similar to, and not less stringent than those established by the Board.

13. LIST STATE(S) OF LICENSURE AS LPN/VN (Include additional sheets if necessary)

State Originally Licensed _____ License No. _____ Current? ☐ YES ☐ NO

Other State License _____ License No. _____ Current? ☐ YES ☐ NO

*NOTE: If you hold a current license from another state and have successfully passed the NCLEX-PN Examination, you must complete the Application for Licensure by Endorsement. You must contact your state for verification of licensure to the Georgia Board.

SECTION III: BACKGROUND INFORMATION

If you answer yes to any of the following questions, please attach a letter of explanation. For questions 16, 17, and 18 submit a letter of explanation and a copy of the official document that indicates the final disposition of the action. For question 19 submit a letter of explanation and a certified copy of the official document that indicates the final disposition of the action (court indictment, police record, certified warrant/court dismissal, verdict of first offender treatment). You are expected to read each question carefully, completely and notify the board of any changes to the Background Information. You will be asked to certify under oath that the answers are true and correct. Failure to answer these questions truthfully and to notify the Board of any changes to the Background Information may be grounds for denial of your application or other disciplinary action against you.

14. ☐ YES ☐ NO HAVE YOU EVER APPLIED FOR LICENSURE IN GEORGIA?
15. ☐ YES ☐ NO HAVE YOU EVER TAKEN THE LICENSING EXAMINATION IN GEORGIA OR ANOTHER STATE? IF YES, WHAT STATE? _____
HOW MANY TIMES? _____
16. ☐ YES ☐ NO HAS ANY LICENSE OR CERTIFICATION ISSUED TO THE APPLICANT BY ANY BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE BEEN REVOKED OR INVESTIGATED OR SUSPENDED OR OTHERWISE SANCTIONED?
17. ☐ YES ☐ NO HAVE YOU EVER BEEN DENIED ISSUANCE OF OR, PURSUANT TO DISCIPLINARY PROCEEDINGS, REFUSED RENEWAL OF A LICENSE BY ANY BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE?
18. ☐ YES ☐ NO HAVE YOU EVER FAILED TO RENEW ANY LICENSE OR CERTIFICATION ISSUED TO YOU BY ANY BOARD OR AGENCY IN GEORGIA OR OTHER STATE BECAUSE OF PENDING DISCIPLINARY ACTION OR INVESTIGATION?
19. ☐ YES ☐ NO OTHER THAN MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? (DWI/DUI are not considered minor traffic violations)
20. ☐ YES ☐ NO DO YOU HAVE ANY PHYSICAL DISABILITY WHICH WILL IMPAIR OR LIMIT YOUR ABILITY TO PRACTICE NURSING? Please submit a letter of explanation.
21. ☐ YES ☐ NO HAVE YOU BEEN REPRIMANDED, DEMOTED, DISCIPLINED, TERMINATED, OR CAUTIONED BY AN EMPLOYER WHILE EMPLOYED WITHIN THE HEALTHCARE FIELD? Please submit a letter of explanation.

AFFIDAVIT

I hereby authorize the Georgia Board of Examiners of Licensed Practical Nurses to receive any criminal history record pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or any other State or Territory. Under penalties of perjury, I declare and affirm that I am in good physical and mental health with no finding that should prohibit me from the performance of nursing duties and that the statements made in the foregoing application are true, complete and correct. I understand that any false or misleading information in, or in connection with my application, may be cause for denial or loss of licensure. I further certify that I am the person photographed as attached.

**AFFIX ORIGINAL
PASSPORT-SIZED
PHOTO (2"X2") OF
APPLICANT ONLY
(Taken within the last
60 days)**

Applicant must sign the
back of the photo.
Digital-copied photos
are not accepted.

Signature of Applicant: _____

Sworn to and subscribed before me this ____ day of _____, 20 ____.

State of _____ County of _____

Notary Public

My Commission Expires: _____ (seal)

Note to Notary: Applicant's signature and photo must be attached at time
of notary, with proper ID.



APPLICANT: COMPLETE SECTION I BELOW AND SEND THIS FORM TO THE OFFICIAL OF THE SCHOOL OF NURSING THAT YOU COMPLETED. THE SCHOOL WILL RETURN THIS FORM DIRECTLY TO THE BOARD OFFICE @ 237 COLISEUM DRIVE, MACON, GEORGIA 31217

**GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 COLISEUM DRIVE, MACON, GEORGIA 31217 * (478) 207-2440**

www.sos.state.ga.us/plb/lpn

EDUCATION VERIFICATION

**Applicant: Complete Section I and send to the official of the school of nursing that you completed.
The school will return this form directly to the board office.**

SECTION I

NAME OF STUDENT

LAST

FIRST

MIDDLE

MAIDEN

ADDRESS

STREET

APARTMENT #

CITY

STATE

ZIP

TELEPHONE #

HOME: ()

WORK ()

*******APPLICANT – DO NOT WRITE BELOW THIS LINE*******

SECTION II

SCHOOL: Complete Section II and return this form and the clock hours form directly to the board office.

This is to certify that the above named student attended the following school:

Name of School: _____

School Address: _____

Did student graduate?

☐

YES

☐

NO

Date graduated: _____

Dates attended:

From _____

To _____

This program was approved by the State Board of Nursing of _____ during the time of this student's enrollment.

Program School Code _____

It is further certified that the above named student has satisfactorily completed the subjects as shown on the official transcript or student final record that indicates student's classroom and clinical contact clock hours and grades.

Was a diploma, degree or certificate awarded? ☐ YES ☐ NO If no, please explain. _____

(Affix school seal here)

Signature

Print Your Name

Title



GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440

DIRECTIONS FOR CALCULATING CONTACT CLOCK HOURS

APPLICANT: PLEASE PROVIDE THESE INSTRUCTIONS (PAGES 8, 9 & 10) WITH THE CCH FORM (PAGES 11 & 12) TO THE PROGRAM CHAIR

Dear Nursing Program Chairperson:

The Georgia Law Governing the Practice of Licensed Practical Nursing requires a candidate for licensure as an LPN to demonstrate a minimum of 700 hours of theory content in specified courses and a minimum of 700 hours of clinical experience in specific areas of practice. Many applicants are needlessly delayed in receiving a Georgia license because their transcript alone does not contain the actual total number of clock hours.

In order for the Georgia Board of Examiners of Licensed Practical Nurses to evaluate an applicant's credentials for licensure, we require that an official school transcript be submitted with a break down of courses on the enclosed Contact Clock Hour Calculation Form (application pages 11 & 12 to be provided you by the applicant).

Please follow these directions to complete the form so that your program's former student will receive every credit that he/she has earned in your curriculum toward Georgia licensure.

DIRECTIONS:

I. COURSES AND CLINICAL EXPERIENCE AREAS TO BE CONSIDERED

Please note that a "Passing" grade must have been received in any course in order for its theory and/or clinical hours to be counted toward licensure.

A. Theory Content should include:

1. Required Content (either as individual courses or integrated).
All of the following course content areas must be provided in the curriculum and such curriculum shall contain a minimum of five hundred (500) hours in these areas:
 - a. Anatomy and Physiology
 - b. Nutrition and Diet Therapy
 - c. Drug Calculations and Administration
 - d. Pharmacology
 - e. Personal and Professional Relationships
 - f. Nursing Fundamentals
 - g. Medical Nursing
 - h. Surgical Nursing
 - i. Maternal/Infant Nursing
 - j. Child Nursing
 - k. Mental Health/Illness

***State the content area for each theoretical and/or clinical course. Your course acronym and title may not be self explanatory.**

***Please indicate content areas per course if curriculum is integrated for theory and/or clinical.**

2. Acceptable additional content hours may be obtained from the following course areas, provided no course area is duplicated.

- a. English
- b. Math
- c. Psychology
- d. Sociology
- e. Chemistry
- f. Medical Terminology
- g. National Practical Nursing Licensure Examination Preparation
- h. Computer Science

3. Theory hours are further defined to include classroom activities such as:
- a. Lectures
 - b. Group discussions
 - c. Classroom procedure demonstrations
 - d. Return demonstrations performed in the nursing lab on classmates and/or manikins.

It is IMPORTANT that all "lab" hours be differentiated into either "Theory" or "Clinical" as defined.

B. Clinical Experience should include:

1. Required areas. All of the following clinical experience areas must be provided in the curriculum.
- a. Medical Nursing
 - b. Surgical Nursing
 - c. Maternal/Infant Nursing
 - d. Child Nursing
 - e. Mental Health/Illness Nursing
 - f. Geriatric Nursing
 - g. Medication Administration AND
 - h. Other appropriate and related experiences
2. Clinical hours are further defined to include all hours spent in actual patient care and in clinical pre- and post-patient care conferences. Please delete meal and other "break" times.

It is IMPORTANT that all "lab" hours be differentiated into either "Theory" or "Clinical" as defined.

***State the content area for each theoretical and/or clinical course. Your course acronym and title may not be self explanatory.**

***Please indicate content areas per course if curriculum is integrated for theory and/or clinical.**

II. FORMULAS

The Formulas to be utilized for calculating contact clock hours are:

A. Theory Hours = The number of hours per classroom session X The number of classroom sessions per week X The number of weeks in the quarter (or semester).

B. Clinical Hours = The number of hours per clinical experience day X The number of clinical experience days per week X The number of weeks in the quarter (or semester).

C. **Examples** of the Calculation of Clock Hours:

COURSE	HOURS PER CLASS, LAB OR CLINICAL	CLASSES PER WEEK	NUMBER OF WEEKS	TOTAL
Nutrition (Diet Therapy)	1	3	10	30
Anatomy/ Physiology	1 (lecture) 4 (classroom lab)	3 1	10 10	30 40
Nursing 201 (Fundamentals)	2 (class) 2 (classroom lab) 8 (clinical)	1 2 3	10 5 8	20 20 192
<u>SUMMARY</u> Course	<u>THEORY</u> (Classroom & Lab)	<u>CLINICAL</u> (Patient care & pre and post conferences)		
Nutrition A & P Nsg. 201	30 30 & 40 <u>+20 & 20</u> 80 + 60 = 140 Total	0 0 <u>+ 192</u> 192 TOTAL		

III. COMPLETION

After you have completed and totaled both sections of the Contact Clock Hours Calculation Form (written legibly or typed), please **affix your program's seal**, sign and return form to the address listed on the top of the form.

Thank you for assisting the licensure applicant in this manner.

APPLICANT: PLEASE PROVIDE THESE INSTRUCTIONS (PAGES 8, 9 & 10) WITH THE CCH FORM (PAGES 11 & 12) TO THE PROGRAM CHAIR



GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 COLISEUM DRIVE
MACON, GEORGIA 31217-3858
(478) 207-2440
www.sos.state.ga.us/plb/lpn

NURSING PROGRAM CALCULATION OF CLOCK HOURS

Instructions:

1. Complete Section I and sign.
2. Submit this form to your nursing program.
3. Request an official copy of your transcripts from your nursing program to be **sent directly to the address above.**
3. **Your nursing program is required to mail this completed form directly to the Board at the address above.**

Section I (To be completed by applicant)

Name of Applicant _____
Last First Middle Maiden

Address _____
Street City State Zip Code

Signature of Applicant _____ Social Security Number _____

Date of Birth _____ Applicant's telephone number _____

*******APPLICANT: DO NOT WRITE BELOW THIS LINE*******

Section II (To be completed by Nursing Program Chair)

1. Complete Section II of this form
2. Sign and attach school seal and an official transcript to this form
3. **MAIL THIS FORM DIRECTLY TO THE BOARD OFFICE at: 237 Coliseum Drive, Macon, GA 31217-3858.**

- 1 Did student graduate? _____ Dates attended: _____ Date of Graduation: _____
2. Was a diploma, certificate or degree awarded to the student? _____ What type? _____

3. Please indicate the actual **THEORY CLOCK HOURS** for the following courses:

COURSES			
THEORY CLOCK HOURS Clock hours means actual classroom time (ex: a class meeting 1 hour/day 3 times a week for 6 weeks = 18 hours)	THEORY/LAB – Either as individual courses or integrated. <u>See instructions</u>	Grade Received *Must be passing grade to be counted	Check here if subject was integrated.
ENGLISH			
GENERAL MATH			
COMPUTER LITERACY			
PSYCHOLOGY			
SOCIOLOGY			
CHEMISTRY			
ANATOMY & PHYSIOLOGY			
MEDICAL TERMINOLOGY			
DIET AND NUTRITION			
BASIC PHARMACOLOGY			
DRUG CALCULATIONS AND DRUG ADMINISTRATION			
INTRODUCTION TO HEALTHCARE/CPR			
PRINCIPLES & PROCEDURES OF DIAGNOSTIC STUDIES			
FUNDAMENTALS OF NURSING			

BASIC NURSING INTRODUCTION			
MEDICAL NURSING ADULTS AND GERIATRICS			
SURGICAL NURSING ADULTS AND GERIATRICS			
MENTAL HEALTH NURSING/PSYCHIATRIC NURSING			
PEDIATRICS NURSING			
OBSTETRICS NURSING/MOTHER AND NEWBORN			
LEADERSHIP, MANAGEMENT, AND ETHICS IN NURSING			
PRINCIPLES OF IV THERAPY TECHNIQUES			
DIET THERAPY			
MEDICINE ADMINISTRATION TECHNIQUES AND PRINCIPLES			
COMMUNITY HEALTH & HEALTH CARE			
NCLEX PREPARATION			
COMPUTER SCIENCE			
TOTAL CLOCK HOURS IN THEORY: INDICATE IN NEXT COLUMN.	_____ THEORY HOURS		

4. List below the number of **CLINICAL CLOCK HOURS** and grade for the following required areas:

CLINICAL CLOCK HOURS Hours spent in actual patient care and in clinical pre- and post-patient care conferences	CLINICAL	LAB	GRADE RECEIVED *Must be passing grade to count towards hours received	Check here if subject was integrated.
FUNDAMENTALS OF NURSING				
NURSING PRINCIPLES				
SKILLS CLINICAL PRACTICUM				
CLINICAL PRACTICUM OBSTETRICS				
CLINICAL PRACTICUM PEDIATRICS				
CLINICAL PRACTICUM MEDICAL NURSING- ADULT/GERIATRICS				
CLINICAL PRACTICUM SURGICAL NURSING- ADULT/GERIATRICS				
MEDICATION ADMINISTRATION				
CLINICAL PRACTICUM LEADERSHIP				
TOTAL CLOCK HOURS IN CLINICAL				
	_____ CLINICAL	_____ LAB		

5. Indicate the total number of clock hours (both theory and clinical) that is required for all nursing students to graduate program: _____

6. The nursing program was approved by _____

School Name	School Address	School City State and Zip
-------------	----------------	---------------------------

Signature of Preparer	Printed Name and title	Telephone number	Date
-----------------------	------------------------	------------------	------

(Affix school seal here)



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
P.O. Box 13446
Macon, Georgia 31208
(478) 207-2440**

CONSENT FORM

I authorize the **Georgia Board Examiners of Licensed Practical Nurses** to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

Applicant's Full Name (Printed)

Physical Address (P.O. Boxes **NOT** Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State):

Aliases or Maiden Name:

(Signature of Applicant)

(Date)



The Office of Secretary of State
Professional Licensing Boards Division
Georgia Board of Examiners of Licensed Practical Nurses
237 Coliseum Drive
Macon, Georgia 31217-3858
478-207-2440

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Note: Please indicate below which documentation you will submit to show proof you are a qualified alien under the Federal Immigration and Naturalization Act.

Alien Lawfully Admitted for Permanent Residence:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- _____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- _____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- _____ - Grant letter from the asylum office of INS
- _____ - Order of an immigration judge granting asylum

Refugee:

- _____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- _____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- _____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- _____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- _____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- _____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- _____ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- _____ - INS petition and appropriate supporting documentation

Applicant's Signature Date